

Portland VA Research
Foundation, Inc.

P.O. Box 69539
Portland, Oregon 97201
(503) 273-5228
FAX (503) 402-2866

No.

CHECK REQUEST


Attach original receipt, invoice or supporting documentation.

VENDOR ADDRESS/PAY TO Name: Address: Telephone No: Social Security No:	SHIP TO ADDRESS/REQUESTOR (Incl. name, mail code, bldg, room & street address)
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<input type="checkbox"/> MAIL CHECK	IF PREPAYING AN EXPENSE ORDER FORM MUST BE ATTACHED.	<input type="checkbox"/> CALL REQUESTOR	CONTACT PERSON WILL BE CALLED WHEN CHECK IS READY.	<input type="checkbox"/> OTHER
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Questions concerning this order should be addressed to:

Name:	Tel.
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Item No.	DESCRIPTION	QTY	ESTIMATED PRICE	
			PER UNIT	TOTAL
RESEARCH JUSTIFICATION:				
ORDER TOTAL 				

INVESTIGATOR PVARF Account: Investigator: MY SIGNATURE BELOW CERTIFIES THAT THIS EXPENSE IS IN ACCORDANCE WITH THE RESTRICTIONS ON THIS ACCOUNT. _____ Account Signature Authority _____ Date	FOUNDATION USE ONLY _____ Date Received _____ Expense Account _____ FOUNDATION AUTHORIZATION _____ FOUNDATION AUTHORIZATION _____ Date Paid _____ Check #
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